
DEATHS DUE TO FIREARMS: 1998

The Medical Examiner is responsible for reviewing all deaths due to firearms, which occur in King County. Medical Examiner data relates primarily to the victim because information regarding the weapon and the shooter involved is often unknown. The following data is regarding the victims of firearm deaths.

In 1998 there were 154 firearm deaths, compared to 1997 (155-firearm deaths) and 1996 (164-firearm deaths). Of the 154 deaths, 55 (36%) were homicides, 95 (62%) were suicides, and 4 (3%) were undetermined manner. There were no accidental firearm deaths in 1998. In 1998, gunshot wounds were the leading cause of death for homicides and suicides. They comprised 61% (55/90) of homicides, compared to 54% (52/97) in 1997, and 47% (95/201) of suicides, compared to 53%(99/188) in 1997.

The greatest number of homicides (55) was due to firearms (61%). Of the 55 gunshot homicide victims, 24% (13/55) were 19 years old and younger. A disproportionate number were black (29%, 16/55). Compared to the percentage of blacks in the general population. Fifty-three percent (29/55) were white. Of the 16 black gunshot victims, 81% (13/16) were males between 16 and 29 years of age. In comparison, of the 29 white gunshot victims, 41% (12/29) were white males between 16 and 29 years old.

Firearms were also the most common mode of committing suicide (47%, 95/201). Of the 95 gunshot suicide victims, 88% (84/95) were white and 80% (76/95) were males. Nine (9%) of the gunshot suicide victims were 19 years old and under. Sixty-nine (69%) of the gunshot suicide victims were between the ages of 20 and 39 years of age.

The Medical Examiner has investigated the associations among handgun regulations, assault and other crimes, and homicides. A study was undertaken¹ which reviewed robberies, burglaries, assaults and homicides in Seattle, WA and Vancouver, BC for the years 1980-1986. These two cities were chosen because of their similarities, but Vancouver has adopted a more restrictive approach to the regulation of handguns. Despite similar overall rates of criminal activity and assault, the relative risk of death from homicide adjusted by age and sex was significantly higher in Seattle than in Vancouver. Virtually all of this assessed risk was explained by a 4.8-fold higher risk of being murdered with a handgun in Seattle as compared with Vancouver. Rates of homicide by means other than guns were not substantially different in the two study communities. Consequently, access to handguns may play an important role in homicides in a community. Further research into this important issue is necessary in order to validate these results.

¹Handgun regulations, crime, assaults, and homicide: A tale of two cities, NEJM 319: 1256-1262, November, 1988

In a second study², researchers investigated the use of firearms and suicide rates in King County, WA and Vancouver, BC during the period 1985-1987. The study found the risk of death from suicide was virtually identical in the two areas (King County reported 618 suicides, Vancouver had 646 suicides). However, citizens in King County experience a 5.7 times higher rate of suicide involving handguns. This rate was offset by a higher rate of suicide by other means in Vancouver. Vancouver has a more restrictive handgun policy than King County. Taken together with the previously cited study, the data suggest that the availability of firearms may have an effect on the rate of homicide in the community, but little effect on the rate of suicide.

In 1992 researchers investigated the relationship between gun ownership and suicide at home. To assess the association, researchers studied all suicides over a 32-month period that took place in the homes of victims in King County, Washington and Shelby County, Tennessee. According to study results, a person is almost five times more likely to commit suicide at home if a firearm is present. The study also found that adolescents face a 10-fold higher risk of suicidal death if their home contains a firearm.³

²Firearm regulations and rates of suicide: A comparison of two metropolitan areas, NEJM 322: 369-373, February 1990

³ Suicide in the home in relation to gun ownership, NEJM 327:467-472, August 1992

Table 10-1 Firearm Deaths by Manner of Death, Age, and Gender

AGE GROUP/ GENDER	MANNER OF DEATH				SUB TOTAL	TOTAL
	A	H	S	U		
1-5 years	0	2	0	0		2
<i>Male</i>	0	0	0	0	0	
<i>Female</i>	0	2	0	0	2	
6-12 years	0	1	0	0		1
<i>Male</i>	0	0	0	0	0	
<i>Female</i>	0	1	0	0	1	
13-15 years	0	1	1	1		3
<i>Male</i>	0	1	1	1	3	
<i>Female</i>	0	0	0	0	0	
16-19 years	0	9	4	0		13
<i>Male</i>	0	6	4	0	10	
<i>Female</i>	0	3	0	0	3	
20-29 years	0	21	16	2		39
<i>Male</i>	0	20	15	2	37	
<i>Female</i>	0	1	1	0	2	
30-39 years	0	9	16	0		25
<i>Male</i>	0	5	12	0	17	
<i>Female</i>	0	4	4	0	8	
40-49 years	0	9	24	1		34
<i>Male</i>	0	8	19	0	27	
<i>Female</i>	0	1	5	1	7	
50-59 years	0	1	8	0		9
<i>Male</i>	0	0	8	0	8	
<i>Female</i>	0	1	0	0	1	
60-69 years	0	1	6	0		7
<i>Male</i>	0	0	5	0	5	
<i>Female</i>	0	1	1	0	2	
70-79 years	0	0	12	0		12
<i>Male</i>	0	0	12	0	12	
<i>Female</i>	0	0	0	0	0	
80-89 years	0	1	8	0		9
<i>Male</i>	0	0	8	0	8	
<i>Female</i>	0	1	0	0	1	
90+ years	0	0	0	0		0
<i>Male</i>	0	0	0	0	0	
<i>Female</i>	0	0	0	0	0	
Total	0	55	95	4		154

Graph 10-1 Firearm Deaths by Manner of Death and Age

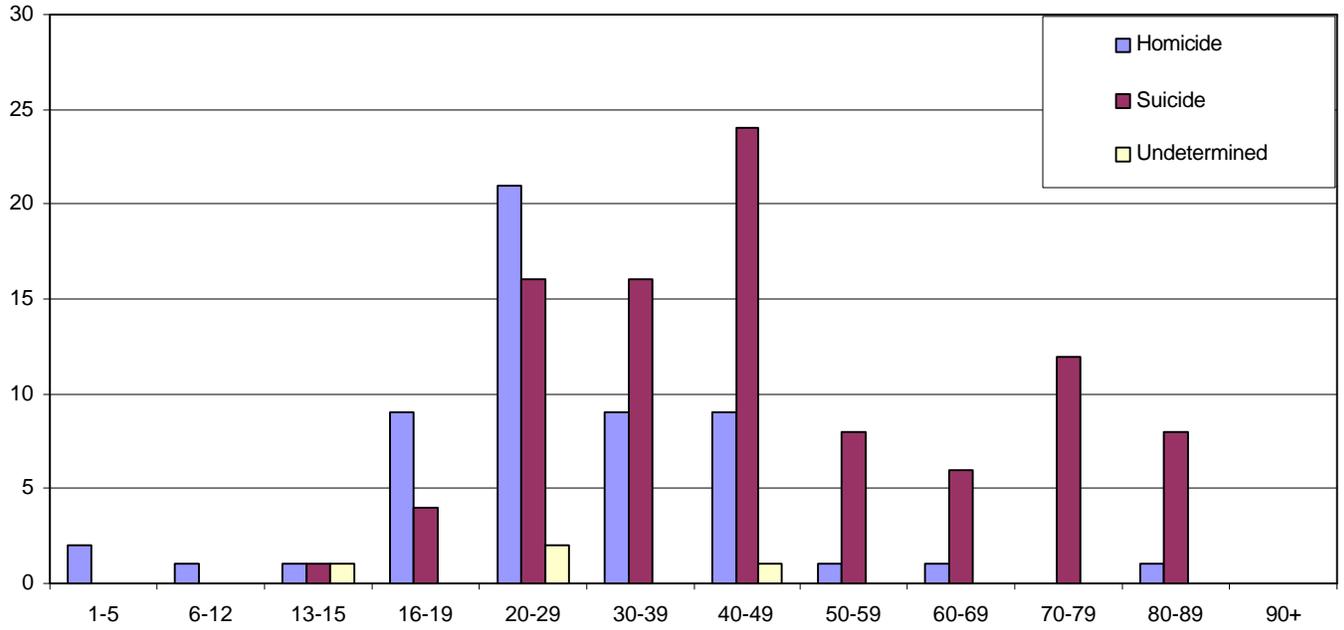


Table 10-2 Firearm Deaths by Manner of Death, Race, and Gender

RACE/GENDER	MANNER OF DEATH				SUB TOTAL	TOTAL
	A	H	S	U		
Asian	0	7	7	0		14
<i>Male</i>	0	2	5	0	7	
<i>Female</i>	0	5	2	0	7	
Black	0	16	4	1		21
<i>Male</i>	0	13	3	1	17	
<i>Female</i>	0	3	1	0	4	
Native American	0	1	0	0		1
<i>Male</i>	0	0	0	0	0	
<i>Female</i>	0	1	0	0	1	
White	0	29	84	3		116
<i>Male</i>	0	23	76	2	101	
<i>Female</i>	0	6	8	1	15	
Other	0	2	8	0		10
<i>Male</i>	0	1	6	0	7	
<i>Female</i>	0	1	2	0	3	
Total	0	55	95	4		154

